EXHIBIT A



Statement of Peace

40 Days for Life is committed to ending the scourge of abortion through prayerful, peaceful, lawful vigils demonstrating truth, love & compassion. Please sign this Statement if you wish to participate in any 40 Days for Life activity:
I,, agree to abide by this Statement of Peace:
 I will pursue only peaceful, prayerful and lawful solutions to the violence of abortion by supporting life from natural conception to natural death I will show compassion and reflect Christ's love to all I will not intentionally cause harm or commit crimes or violence I am in no way, directly or indirectly, associated with any abortion provider including Planned Parenthood
 While participating in a 40 Days for Life activity: I will not obstruct or block driveways, sidewalks, roadways or any lawful passage I will not litter, deface, damage or trespass on another's property I will closely attend to any minors in my care I will not threaten, curse, yell at or verbally abuse anyone I will neither commit any act of violence, threaten or touch any person, nor display or discuss weapons I will be polite and cooperative with law enforcement and valid civil authority If asked to leave by a valid authority, I will comply and contact 40 Days for Life HQ I will not advocate for or against any candidate for elective office, any proposed or actual legislation, or any ballot initiative
 I will strive to maintain the safety of myself and others by: Trying to have at least two vigil participants on site at a time and never being alone after dark Holding vigil in a safe, public and lawful location Immediately calling and cooperating with law enforcement and recording any incident if I feel unsafe or if any act of violence or damage is made or threatened Leaving and calling law enforcement if I feel threatened or endangered
Name & Signature:Date:
Address:
E-mail:Phone:
If the participant is a minor who is unaccompanied by a parent/guardian, a parent/guardian must complete the following:
PARENTAL CONSENT
I, the minor's parent and/or legal guardian, have read and understand and agree with this Statement of Peace and agree to all terms or behalf of myself and my child/charge; I agree to be responsible on his/her behalf to the fullest extent of the law.

give my permission for ______, to participate in a 40 Days for ______, to participate in a 40 Days for ______,

_Date:_____

Name & Signature:

Life prayer vigil or other activity.